

marily a reduction in the average daily dose of the drug.

In most nonemergent clinical situations thiazide diuretics are sufficient. The routine use of standard doses of furosemide will predictably result in hypotension, dehydration or hypokalemia in some patients.

E.M. SELLERS, MD, PH D, FRCP[C], FACP
M. SPINO, PHARM D
Division of clinical pharmacology
Toronto Western Hospital
Toronto, Ont.

Best wishes to ENT

To the editor: This Tolkien watcher was gratified to read the article by Dr. Tim Padmore entitled "Bylaw amendments, election procedures spark factional battle at BCMA annual meeting in Vernon" (*Can Med Assoc J* 118: 1543, 1978). At long last a most respected member of those stalwarts who battled so valiantly for the Right, to wit an ENT, is to be a member of a committee of the British Columbia Medical Association.

No doubt it will be Treebeard who should be good for many years of duty provided he has not caught up with an ENT wife.

Let us wish the ENT as much success in the future as he has had in the past.

R. WOOLSTENCROFT, MRCS, LRCP
5466 Fowler Rd.
Victoria, BC

Rediscovery of breast feeding

To the editor: In connection with the timely and well balanced editorial by Dr. C.C. Roy and colleagues on the rediscovery of breast feeding (*Can Med Assoc J* 119: 109, 1978), it is all very well to recommend that information should be disseminated in schools and should not be restricted to girls in view of the importance of the husband's attitudes. However, it may not be widely known that there is a fundamental anomaly in the activities of the La Leche League, in that they will not allow husbands to attend their meetings. This seems to me to be absurd in this age of freedom and sexual equality. The league could do so much more good by educating both sexes in the physiologic aspects and the advantages of breast feeding.

PAUL M. GELPKE, MB, MRCP, FAAP, FRCP[C]
851 Victoria St.
Trail, BC

Brief Prescribing Information

Anafranil®

Antidepressant

Indications and Clinical uses

Anafranil (clomipramine hydrochloride) is indicated in the drug treatment of depressive illness, including manic depressive psychosis, depressed phase, and involutional melancholia. Anafranil appears to have a mild sedative effect which may be helpful in alleviating the anxiety component often accompanying depression. Anafranil also appears to be of some value as an adjunct in the management of manifestations of agitated depression which sometimes exacerbate obsessive compulsive neurosis.

Contraindications

Anafranil should not be given in conjunction with or within fourteen days of treatment with a monoamine oxidase inhibitor. Combined therapy of this type could lead to the appearance of serious hypertensive crises and death may occur. Anafranil is contraindicated in patients with existing liver damage and should not be administered to patients with a history of blood dyscrasias.

Anafranil is contraindicated in patients who have shown hypersensitivity to the drug. Anafranil is contraindicated in patients with glaucoma, as the condition may be aggravated due to the atropine-like effect of the drug.

Use in Pregnancy:

The safety of use in pregnant women has not been established. Therefore, Anafranil should not be administered to women of childbearing potential, particularly during the first trimester of pregnancy, unless, in the opinion of the physician, the expected benefit to the patient outweighs the potential risk to the fetus.

Warnings

The following warnings apply to Anafranil and other tricyclic antidepressant agents: Tricyclic agents may lower the convulsive threshold and should, therefore, be used with caution in patients with convulsive disorders. Electrocardiographic studies suggest that Anafranil should not be used in the presence of pronounced cardiac or circulatory failure, recent myocardial infarction or ischaemic heart disease. Anafranil also has a hypotensive action which may be detrimental in these circumstances. The drug should, therefore, be used with caution in patients who are susceptible to hypotensive episodes.

Tricyclic agents may produce urinary retention and should be used with caution in patients with urinary pathology, particularly in the presence of prostatic hypertrophy. Particularly in the elderly and in hospitalized patients the tricyclic antidepressants may give rise to paralytic ileus and therefore appropriate measures should be taken if constipation occurs. Anafranil should be kept in a safe place, well out of the reach of children.

Precautions

In seriously depressed patients the possibility of suicide should be borne in mind and may persist until significant remission occurs. Therefore, these patients should be carefully supervised during treatment with Anafranil, and hospitalization or concomitant electroconvulsive therapy may be required. Activation of latent schizophrenia or aggravation of existing psychotic manifestations in schizophrenic patients may occur; patients with manic-depressive tendencies may experience hypomanic or manic shifts; and hyperactive or agitated patients may become over-stimulated. A reduction in dose or discontinuation of Anafranil should be considered under these circumstances.

Since Anafranil may produce sedation, particularly during the initial phase of therapy, patients should be cautioned about the danger of engaging in activities requiring mental alertness, judgement and physical coordination. It should be borne in mind that Anafranil may block the pharmacological effects of hypotensive drugs, such as guanethidine and similar agents.

Caution should be observed in prescribing Anafranil in hyperthyroid patients or in patients receiving thyroid medication conjointly. Transient cardiac arrhythmias have occurred in rare instances in patients who have been receiving other tricyclic compounds concomitantly with thyroid medication. Obstructive jaundice and bone marrow depression with agranulocytosis have been reported. Periodic blood cell counts and liver function tests are recommended in patients receiving treatment with Anafranil over prolonged periods.

Adverse Reactions

The following adverse reactions have been reported with Anafranil or other tricyclic antidepressants:

Central Nervous System Effects:

drowsiness, fatigue, insomnia, extra-pyramidal effects such as tremor and ataxia, headache, anorexia and convulsions. Peripheral neuropathy has also been reported with tricyclic compounds.

Behavioural Effects:

agitation, excitement, hypomania or manic episodes, activation of psychosis, confusion, disturbed concentration, visual hallucinations.

Autonomic Nervous System Effects:

dry mouth, blurred vision, difficulty with accommodation, constipation, paralytic ileus, disturbances of micturition, excessive sweating, nausea and vomiting.

Cardiovascular Effects:

hypotension, particularly orthostatic hypotension with associated vertigo, tachycardia, syncope, arrhythmia, asystole, EKG changes (including flattening or inversion of T wave) and disturbances in cardiac conduction.

Haematological and Other Toxic Effects:

agranulocytosis has been reported; it represents a hypersensitivity reaction. Eosinophilia may also occur. Obstructive jaundice, allergic skin reactions, photosensitization, occasional disturbances of appetite, abdominal pain, changes in libido, and weight gain.

Dosage and Administration

Except in Elderly Patients and Adolescents:

25 mg 3 times daily initially, increase up to 150 mg daily, or more, as required.

Dosage in excess of 200 mg daily is not usually recommended for office patients. Occasionally in more severe hospitalized patients, dosages up to 300 mg may be required.

In Elderly Patients and Adolescents:

20 to 30 mg daily, increased by 10 mg daily, if necessary, depending on tolerance and response.

Availability

Each pale yellow, sugar-coated, lenticular tablet with Geigy imprinted, contains 25 mg clomipramine hydrochloride.

Also available in pale yellow, triangular sugar-coated tablets imprinted Geigy, containing 10 mg clomipramine hydrochloride. In bottles of 50 and 500.

Product monograph supplied on request.

References:

1. Rompel, H.: The Treatment of Depression, *Med. Proc.* 13, 631, (1967)
2. Clarke, F.C.: The Treatment of Depression in General Practice, *S. Afr. Med J.* 43, 23, (1969)
3. Lasich, A.J.: Clinical Evaluation of a New Anti-Depressant (Anafranil), *Med. Proc.* 14, 312 (1968)

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Dorval, Qué. H9S 1B1

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